

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**

SERIAL NO.  
107730206  
APPLICANT(S)

FILED DATE

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1						
2		1	1	1		
3		1				
4	1		1			
5		1		1		
6		1		1		
7		1		1		
8		1		1		
9		1		1		
10		2		2		
11		2		2		
12		2		2		
13		4		4		
14		4		4		
15						
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47						
48						
49						
50						
TOTAL IND.	2		2			
TOTAL DEP.		21		19		
TOTAL CLAIMS	23		19			

	IND	DEP	IND	DEP	IND	DEP
51						
52						
53						
54						
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TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						